

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1954

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State File No. _____

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Vandalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Vandalia</u>	
c. LENGTH OF STAY (in this place) <u>YEARS</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>113 East McPhee</u>		d. STREET ADDRESS (If rural, give location) <u>113 East McPhee</u>	

3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>Clayton</u>		c. (Last) <u>Williams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 15, 1885</u>		9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR: Months <u>10</u> Days <u>15</u> IF UNDER 1 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work comprising most of working life, even if retired) <u>Miner</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Coal & Clay</u>				11. BIRTHPLACE (State or foreign country) <u>Durham County, England</u>	
								12. CITIZEN OF WHAT COUNTRY? <u>US</u>	

13a. FATHER'S NAME <u>William S. Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Hemmel</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Williams</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>497-05-9927</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Williams, Vandalia, Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES <u>Mild Carditis</u> <u>Coronary Insufficiency</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from March 19, 1954, to May 1, 1954, that I last saw the deceased alive on April 30, 1954, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. H. Bland, M.D.</u>		23b. ADDRESS <u>Vandalia, Mo.</u>		23c. DATE SIGNED <u>5/3/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 3, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>May 3 1954</u>		REGISTRAR'S SIGNATURE <u>Mallie Dugan</u>		FURNERAL DIRECTOR'S SIGNATURE <u>William B. Waters</u>		ADDRESS <u>Vandalia, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed..... *William B. Natus*

Licensed Embalmer No. *4169*

P. O. Address *Vandalia Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.